

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CPA-0067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/23/2009
NAME OF PROVIDER OR SUPPLIER  MARTIN POLLACK PROJECT, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4406 GEORGIA AVENUE NE WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  An annual inspection was conducted on October 22, 2009, through October 23, 2009, to determine compliance with Chapter 16, Standards of Placement, Care, and Services for Child Placing.  The survey findings were based on record review and staff interview. The sample sizes were twenty one (21) employee records based on a census of twenty one (21), seven (7) foster parent records based on a census of seven (7) and twelve (12) foster child records based on a census of twelve (12).  The Agency was found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing however the following deficiencies were cited.	S 000	Received 12/1/09  GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
S 095	1611.1(c) Personnel Records  (c) At least three (3) letters of reference;  This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to obtain letters of reference for two (2) of the twenty-one (21) personnel. (Staff #3 and #7)  The finding includes:  Review of personnel records on October 22, 2009, at approximately 2:30 p.m. revealed that employees #3 and #7 did not have available for review, three letters of reference in their files. Interview with the Director on October 22, 2009, at approximately 3:45 p.m. confirmed the findings.	S 095	Action: The two employees who were missing references will have a deadline of 12/31/09 for submission.  Measures: All new hires will be required to submit references prior to 1st day of employment. If not received, employee may not start.  Monitored: Personnel file will be checked by HR prior to 1st day. Review of compliance will become part of MPP Quality Assurance review process.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

STATE FORM

M21411

If continuation sheet 1 of 4

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S 096	Continued From page 1	S 096	<del>HR</del> Action: HR will notify	
S 096	1611.1(d) Personnel Records  (d) Annual performance evaluations signed by both the employee and supervisor;  This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to obtain performance evaluations for five (5) of twenty-one (21) employees. (Staff #7, #8, #9, #10 and #12)  The finding includes:  Review of personnel records on October 22, 2009, at approximately 2:30 p.m. revealed that employees #7, #8, #9, #10, and #12 did not have available for review, their annual performance evaluations in their files.  Interview with the Director on October 22, 2009, at approximately 3:45 p.m. confirmed the findings.	S 096	all supervisors of missing evaluations for staff under their supervision. A deadline of 12/31/09 will be enforced.  Measures: Supervisors will be provided with a list of evaluation due dates. Supervisor compliance with completion of PE's will be measured on their own evaluations.  Monitored: HR will monitor ongoing completion. Supervisors who do not complete on time may be subject to the disciplinary process. This compliance expectation will become part of the QA review process.	
S 100	1611.1(h) Personnel Records  (h) Documentation of participation in in-service training;  This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that two (2) of twenty-one (21) employees had proof that they had participated in in-service training.  The finding includes:  Review of personnel records on October 22, 2009, at approximately 2:30 p.m. revealed the agency failed to ensure that two (2) of twenty one (21) employees had proof that they had	S 100	Action: Employees who were deficient will be given a deadline of 2/1/10 for submission of training certificates.  Measures: By 1/1/10, MPP will establish an annual agency training calendar which will contain an excess of required content and training hours. Supervisors will monitor compliance with annual training requirements.  Monitored: Training will become a routine QA element for review. Consequences for those who fail to comply. Personnel files will be	

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S 100	Continued From page 2 participated in in-service training.  Director on October 22, 2009, at approximately 3:45 p.m. confirmed the findings.	S 100	Continually audited. If an employee has not received enough training, a deadline for completion will be enforced.	
S 103	1611.1(k) Personnel Records  (k) Physical examination reports required in section 1612.2;  This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that one (1) of twenty-one (21) employees had available for review, a current physical examination report as required in section 1612.2. (Employee #10)  The finding includes:  Review of personnel records on October 22, 2009, at approximately 2:30 p.m. revealed that employee #10 did not have available for review a current physical examination.  Interview with the Director on October 22, 2009, at approximately 3:45 p.m. confirmed the findings.	S 103	<u>Action</u> : The employee who was missing the physical will be given a deadline of 12/31/09 for submission.  <u>Measures</u> : Employees will be notified in advance of the date their examination will expire.  <u>Monitored</u> : QA audits will establish compliance and non-compliant employees will be given 30 days to conform. or be subject to disciplinary process.	
S 510	1643.3(b) Supervision Of Children In Foster Homes  (b) Obtain age appropriate health supervision for child(ren) in care to include at least annual medical and dental examinations. This supervision shall include emergency and routine medical care and correction of remedial medical problems of each child.	S 510	<u>Action</u> : MPP Program Manager will identify the outstanding medical + dental examinations and create a timeline for their rectification. The appropriate social worker will be notified immediately and given a timeline to resolve the issue.	

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S 510	<p>Continued From page 3</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the agency failed to ensure that three (3) of twelve (12) children had annual medical examination reports in their files. (Children's #7, #11 and #12)</p> <p>The finding includes:</p> <p>Review of personnel records on October 22, 2009, at approximately 2:30 p.m. revealed that the agency failed to ensure that three (3) of twelve (12) children had annual medical examination reports in their files.</p> <p>Interview with the Director on October 22, 2009, at approximately 3:45 p.m. confirmed the findings.</p>	S 510	<p><u>Measures:</u> MPP QA record review process and program monthly reporting requirements will create a running list for program to insure barriers to compliance are identified and compliance is achieved. MPP will create a calendar to inform Social Workers when clients are within 60 days of their next appointment. Also, during bi-monthly staff meetings, social workers will be allotted specific time to enter info regarding annual medical + dental exams.</p> <p><u>Monitoring:</u> Subsequent to ongoing MPP monthly reporting and QA record review, MPP Management will review the status of annual medical + dental exams for clients on the last day of the month. On the 1<sup>st</sup> day of the month, MPP will allot time for the entry of current information into the official record.</p>		